



**Your  
Application  
for Disability  
Retirement**



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**T**his disability application booklet has been designed to assist in processing your application timely and to familiarize you with important information regarding a disability retirement.

Included are forms necessary to begin the disability retirement process, a recordsheet to keep track of when you completed and mailed the documents, and information regarding disability retirement.

Please take care to provide all of the requested information on the retirement forms located in the back of this booklet.

If you have any questions that have not been answered in this booklet, or you need clarification on any information CalPERS has provided, you may call

(916) 326-3848 or 1(800) 352-2238 or (916) 326-3240

Telecommunications Device for the Deaf assistance.

While reading this material, remember that we are governed by the California Public Employees' Retirement Law. The statements in this booklet are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this booklet, any decisions will be based on the law and not this booklet.

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*On The Cover:*

**California Palm**

*Washingtonia filifera*

*The only native palm on the West Coast, the California Palm is at home in the desert or along our city avenues. A common sight, this dignified palm grows to form massive columns two-and-a-half feet in diameter and up to 60 feet tall. It is also called the "Petticoat-palm" due to the fringe of dead leaves skirting the base of its crown.*

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\* **DR** in this booklet means “**D**isability **R**etirement”

\*\* **IDR** in this booklet means “**I**ndustrial **D**isability **R**etirement”



## **Disability Retirement (DR)**

### ***What is a disability retirement?***

Disability retirement consists of a monthly retirement allowance paid to you for the rest of your life or until you recover from your disabling injury or illness. The cause of your disability need not be related to your employment.

### ***What if my disability is the result of a job-related illness/injury?***

If you are a safety member, a state peace officer/firefighter member, a state industrial member or a patrol member and your disability is job-related, you may be entitled to an industrial disability retirement.

This benefit is also available to miscellaneous members working for local agencies which provide industrial disability retirement for their miscellaneous members. It is also available to certain state miscellaneous members as specified in the retirement law. (For more information on eligibility for Industrial Disability Retirement see section on Page 6.)

### ***Who is eligible for disability retirement?***

Any member who has at least five years of CalPERS credited service is eligible. However, a State Second Tier member must have 10 years of CalPERS credited service.

**NOTE:** If you have State Second Tier service with other CalPERS covered service, you must have a combined total of five years of credited service to qualify.

There are some exceptions to these requirements. If you do not meet the above service requirements, you may want to contact a CalPERS Regional Office to find out if an exception will apply to you.

CalPERS will expedite retirement processing for those who are facing imminent death and who wish to provide a monthly allowance to a beneficiary at their death. Contact CalPERS or your employer immediately if there is a need for an emergency retirement. In emergency situations, CalPERS makes every effort to quickly obtain the necessary information and complete all processing. However, for post-retirement death benefits to be payable, you must be living on the effective date of your retirement.

### ***What are the DR application requirements?***

You may apply:

- while in CalPERS covered employment, **or**
- within four months of separation from employment, **or**
- at any time if you separated from your job because of a disability and have remained disabled since then, **or**
- while on military or approved leave.

There is no minimum age requirement for disability retirement.

### ***Who can apply for disability retirement?***

You or someone on your behalf, such as your employer, may file an application for your retirement.

### ***When should I apply for disability retirement?***

You should apply as **soon** as you believe you are unable to perform your job because of an illness or injury which is expected to be permanent or last longer than six months.

## disability retirement

continued...

### *What information is needed to make a determination on my disability retirement application?*

#### *How long will it take?*

In order to make a determination, CalPERS must receive:

- an application for your disability retirement,
- your authorization to release medical and employment information,
- medical reports from your doctor and other practitioners with a diagnosis of your disabling condition. This report should include information on how it prevents you from performing your job,
- a description of your job duties from your employer.

Forms to obtain this information are included in the back of this booklet.

A determination can generally be made within three months of the date CalPERS receives all requested and properly completed information.

### *What if my disability retirement application is denied?*

If it is determined that you are not disabled, you may appeal this decision through the administrative hearing process.

## Disability Retirement Worksheets

Your disability retirement allowance is dependent upon three things:

- service credit (amount of CalPERS-covered service you've earned),
- benefit factor (1.8% for First Tier or 1.125% for State Second Tier or 1.35% for the 1.5% @ 65 formula) and
- final compensation (average monthly pay rate earnable over the last consecutive 36 (or 12) months of work).

The first step in estimating how much you will receive is to figure the percentage of final compensation as follows:

### *Basic Formula*

If you are **not** under the State Second Tier coverage or the 1.5% @ 65 formula, and your service credit is between five and 10 years, you can determine your percentage of final compensation by multiplying:

<u>Years of Service</u>	<u>X</u>	<u>1.8% Benefit Factor</u>	<u>=</u>	<u>Percentage of Final Compensation</u>
➡ _____	X	_____	=	_____

If your service credit is between 10 and 18½ years, add to your CalPERS service credit the number of years you would have if you worked until age 60. Multiply this total by the benefit factor to determine the percentage of final compensation (the maximum percentage you can receive by this method is 33⅓%) as shown:

<u>Years of Service</u>	<u>+</u>	<u>Added Service</u>	<u>X</u>	<u>1.8% Benefit Factor</u>	<u>=</u>	<u>Percentage of Final Compensation (max. 33⅓%)</u>
➡ _____	+	_____	X	_____	=	_____

If you have 18½ or more years of service credit you can determine your percentage of final compensation by multiplying:

<u>Years of Service</u>	<u>X</u>	<u>1.8% Benefit Factor</u>	<u>=</u>	<u>Percentage of Final Compensation</u>
➡ _____	X	_____	=	_____

## disability retirement worksheets

continued...


Once the percentage of final compensation has been determined, multiply that percentage by your final compensation amount (one or three consecutive year average monthly salary) to determine your unmodified allowance.

	<b>Percentage of Final Compensation X</b>	<b>Final Compensation</b>	<b>=</b>	<b>Unmodified Retirement Allowance*</b>
	<u>                    </u> X	<u>                    </u>	<b>=</b>	<u>                    </u>


\* If you are under 60 years of age, the unmodified allowance cannot be more than a service retirement at age 60.

### State Second Tier Formula

If you **have** State Second Tier coverage you must have 10 years of service credit to be eligible for disability retirement. If you have a combination of State First and Second Tier or have worked for an employer other than the state, contact a Regional Office to see if you qualify under one of the exceptions. If you qualify and your service credit is less than 10 years, multiply your service credit by the benefit factor to determine the percentage of final compensation as shown:

	<b>Years of Service</b>	<b>X</b>	<b>1.125% Benefit Factor</b>	<b>=</b>	<b>Percentage of Final Compensation</b>
	<u>                    </u>	<b>X</b>	<u>                    </u>	<b>=</b>	<u>                    </u>

If your service credit is between 10 and 29.629 years, add to your CalPERS service credit the number of years you would have if you worked until age 65. Multiply this total by the benefit factor to determine the percentage of final compensation (the maximum percentage you can receive by this method is 33⅓%) as shown:

	<b>Years of Service</b>	<b>+</b>	<b>Added Service</b>	<b>X</b>	<b>1.125% Benefit Factor</b>	<b>=</b>	<b>Percentage of Final Compensation (max. 33⅓%)</b>
	<u>                    </u>	<b>+</b>	<u>                    </u>	<b>X</b>	<u>                    </u>	<b>=</b>	<u>                    </u>

continued on next page...

## disability retirement worksheets

continued...

If you have 29.629 or more years of service credit you can determine your percentage of final compensation by multiplying:

	<u>Years of Service</u>	<b>X</b>	<u>1.125% Benefit Factor</u>	<b>=</b>	<u>Percentage of Final Compensation</u>
➡	<u>          </u>	<b>X</b>	<u>          </u>	<b>=</b>	<u>          </u>

Once the percentage of final compensation has been determined, multiply that percentage by your final compensation amount (one year average monthly salary) to determine your unmodified allowance.

	<u>Percentage of Final Compensation</u>	<b>X</b>	<u>Final Compensation</u>	<b>=</b>	<u>Unmodified Retirement Allowance*</u>
➡	<u>          </u>	<b>X</b>	<u>          </u>	<b>=</b>	<u>          </u>

\* If you are under 65 years of age, the unmodified allowance cannot be more than a service retirement at age 65.

### *Local 1.5% @ 65 Formula*

If your employer **has** contracted for the 1.5% @ 65 formula (which is available to contracting agencies by memorandum of understanding and contract amendment) you must have five years of service credit to be eligible for disability retirement. If you qualify and your service credit is less than 10 years, multiply your service credit by the benefit factor to determine the percentage of final compensation as shown:

	<u>Years of Service</u>	<b>X</b>	<u>1.350% Benefit Factor</u>	<b>=</b>	<u>Percentage of Final Compensation</u>
➡	<u>          </u>	<b>X</b>	<u>          </u>	<b>=</b>	<u>          </u>



## disability retirement worksheets

continued...

If your service credit is between 10 and 24.691 years, add to your CalPERS service credit the number of years you would have if you worked until age 65. Multiply this total by the benefit factor to determine the percentage of final compensation (the maximum percentage you can receive by this method is 33⅓%) as shown:

<u>Years of Service</u>	+	<u>Added Service</u>	X	<u>1.350% Benefit Factor</u>	=	<u>Percentage of Final Compensation (max. 33⅓%)</u>
➡		+		X	=	

If you have 24.691 or more years of service credit you can determine your percentage of final compensation by multiplying:

<u>Percentage of Final Compensation</u>	X	<u>Final Compensation</u>	=	<u>Unmodified Retirement Allowance*</u>
➡	X		=	

\* If you are under 65 years of age, the unmodified allowance cannot be more than a service retirement at age 65.

### Other Formulas

If your employer has contracted for the improved disability retirement (G.C. sec. 21427) your unmodified allowance will be 30 percent of your final compensation for the first five years of service credit, plus one percent for each year afterwards to a maximum of 50 percent. If you are under 60 years of age you cannot receive more than what your service retirement allowance would be at age 60. If a regular disability retirement allowance is greater than the improved disability allowance, CalPERS will pay the greater amount.

## Can I work after I retire?

If you return to work for a non-CalPERS covered employer there are no limits to the number of days you may work. However, the earnings you receive from your non-CalPERS employer must be reported to CalPERS until you reach the minimum age for service retirement for the position from which you retired.

If the employer portion of your monthly allowance and your new income total more than the current pay rate for the position from which you retired, your allowance will be reduced. Your monthly allowance will not be less than the portion paid for by your contributions.

You may not be employed by any state agency or contracting public agency covered under CalPERS without reinstating from disability retirement unless an exception is provided under the Retirement Law. Contact CalPERS, Benefit Services Division at (916) 326-3848 or 1-800-352-2238 for information on exceptions.

## **disability retirement**

*continued...*

### ***What if I recover from my disabling condition?***

If you recover and wish to return to employment covered by CalPERS, you must first apply to CalPERS for reinstatement from retirement.

If new medical evidence shows to the satisfaction of the Board that you have recovered, you will be approved for reinstatement from retirement.

State members may have a mandatory right to return to the classification from which they retired if they are reinstated from disability by CalPERS.

CalPERS also has the authority to periodically re-investigate whether you have recovered from your disability until you reach age 50 (age 55 for State Second Tier and members under the 1.5 @ 65 formula).

Once you have been reemployed, your allowance will stop and you will be returned to active CalPERS membership.

## **Industrial Disability Retirement (IDR)**

### ***What is industrial disability retirement?***

Industrial disability retirement consists of a monthly retirement allowance paid to you for the rest of your life or until you recover from your disabling injury or illness. Industrial disability means the inability to perform your duties because of a job-related injury or illness which is expected to be permanent or to last indefinitely.

If your disability is not job-related, or if you are a miscellaneous member and your employer does not provide industrial disability retirement for miscellaneous members, you may be eligible for disability retirement. (See the Disability Retirement section on Page 1 for further information.)

If you are a state member in a bargaining unit which has agreed to be subject to the NextSTEP program, you must show that your illness or injury substantially prevents you from performing **any job in state service** as determined by the Department of Personnel Administration. You must also show that your disability was either caused by your job or, if you are a state industrial member, was caused by

an inmate attack. Contact your employer to get your application for NextSTEP retirement. Your NextSTEP application should be submitted directly to the Department of Personnel Administration.

### ***Who is eligible for IDR?***

Safety, peace officer/firefighter, patrol, local safety, and certain state and local miscellaneous members may be eligible to receive this type of retirement if their disability was job-related.

State industrial members may qualify if their disability is the result of a direct violent attack upon their person by an inmate or parolee of the Department of Corrections, the Youth Authority or a forensic facility of the Department of Mental Health.

CalPERS will expedite retirement processing for those who are facing imminent death and who wish to provide a monthly allowance to a beneficiary at their death. Contact CalPERS or your employer immediately if there is a need for an emergency retirement. In emergency situations, CalPERS makes every effort to quickly obtain the necessary information and complete all processing. However, for post-retirement death benefits to be payable, you must be living on the effective date of your retirement.

## **industrial disability retirement** *continued...*

### ***What are the IDR application requirements?***

There is no minimum service or age requirement for industrial disability retirement. However, to be eligible for this benefit your job **must** be classified in one of the categories mentioned above and your disabling injury or illness must be job-related.

### ***Who can apply for IDR?***

You or someone on your behalf, such as your employer, may file an application for industrial disability retirement.

If you are a state member in a bargaining unit which has agreed to the NextSTEP program, you should apply for industrial disability retirement on a separate application to the Department of Personnel Administration (see your employer). All other members should apply directly to CalPERS.

### ***When should I apply for IDR?***

You should apply as **soon** as you believe you are unable to perform your job because of an illness or injury which is expected to be permanent or last longer than six months. You do not need to wait until you become “permanent and stationary” under Workers’ Compensation to submit your application.

### ***What if I have already been approved for Workers’ Compensation benefits?***

A Workers’ Compensation award does **NOT** automatically entitle you to a CalPERS industrial disability retirement. Medical evidence will be required to show that you meet the CalPERS definition of disability. If you do, your Workers’ Compensation award for the same illness or injury can be used as evidence that your condition is job-related.

### ***What information is needed to make a determination of my IDR application?***

CalPERS **must** first receive your completed application for industrial disability retirement (PERS-BAS-369D) along with the signed authorization for release of medical information forms (PERS-BAS-35), both of which are found in the back of this booklet. CalPERS will then immediately request medical information from the Workers’ Compensation carrier that is handling your work-related injury or illness. CalPERS must also have a copy of your current job description from your employer.

Receipt of all of these items initiates a review to determine if the information received is current and complete and if a decision can be made. If the information is not current or complete then CalPERS will

request additional information. In a situation with conflicting medical opinions, an Independent Medical Examination will be arranged (see Page 12 in this booklet).

### ***How long will it take to receive a determination?***

Generally, a disability determination can be made within three months from the date CalPERS receives all requested information.

### ***What if my IDR application is denied?***

If it is determined that you are not disabled, you may appeal this decision. You must appeal to the authority which made the initial determination (CalPERS or the Department of Personnel Administration).

If your disability application is denied and you were not separated from your job for any other reason (for example, separation for cause or service retirement), you may return to work.

If it is determined that you are disabled but that your disability is not job-related, you may appeal this decision to the Workers’ Compensation Appeals Board.

## **industrial disability retirement** *continued...*

### ***How much will my IDR allowance be?***

Generally, your industrial disability retirement allowance will be 50 percent of your final compensation. This is your average monthly pay rate that you earned over the last consecutive 36 (or 12) months of work.

Your allowance, however, is **limited to** the amount that you would have received for a service retirement if you had worked to:

- age 55 if you are a state safety, peace officer/firefighter, patrol or local safety member,
- age 63 if you are a miscellaneous member, or
- age 65 if you are a State Second Tier member.

**This limit may cause you to receive an allowance that is substantially less than 50 percent of your final compensation.**

The limit above **does not apply** if you entered your CalPERS membership category from which you are retiring, on January 1, 1980 or earlier, or if you were disabled because of a direct violent act upon your person, or as a result of performing those duties of your job which are **particularly** hazardous and dangerous.

Also the limit above **does not apply** to members of local agencies contracted for the improved industrial disability allowance under G. C. sec. 21430. These agencies are:  
City of Torrance (fire & police)  
City of Oxnard (police)  
East Kern Airport District (fire)  
California Firefighter's Joint Apprenticeship Commission (fire)

If you are a state member in a bargaining unit which has agreed to be subject to the NextSTEP program, your industrial disability retirement allowance will be 60 percent of your final compensation and is subject to the same limitations and exclusions described above.

If you qualify for service retirement and your service retirement allowance is greater than your industrial disability allowance, you will be paid the service retirement allowance for your industrial disability retirement.

### ***Can I work after I retire?***

If you retire for industrial disability and return to work for a non-CalPERS covered employer there are no restrictions.

You may not be employed by any state agency or contracting public agency covered under CalPERS without reinstating from disability retirement unless exception is provided under the

Retirement Law. Contact CalPERS, Benefit Services Division at (916) 326-3848 or 1-800-352-2238 for information on exceptions.

### ***What if I recover from my disabling condition?***

If you recover and wish to return to employment covered by CalPERS, you must first apply to CalPERS for reinstatement from retirement. If new medical evidence shows to the satisfaction of the Board that you have recovered, you will be approved for reinstatement from retirement.

State members may have a mandatory right to return to the classification from which they were retired if they are reinstated from industrial disability by CalPERS.

CalPERS also has the authority to periodically re-investigate whether you have recovered from your disability until you reach age 50.

Once you have been reemployed, your allowance will stop and you will be returned to active CalPERS membership.

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## **Local Safety Members' Disability Retirement (IDR/IDR)**

### *How is a "Local Safety" member different from other "Safety" members?*

The determination of whether a local safety member is disabled is made by the local governing body. Their decision is submitted to the California Public Employees' Retirement System (CalPERS) by way of a resolution. CalPERS law requires certain information to be contained in this resolution which, if omitted, CalPERS will obtain from your local governing body before further processing is done. The determinations for other safety members are made by CalPERS.

A local safety member applies to CalPERS for disability or industrial disability retirement the same as other eligible members. Local safety members are subject to the same laws regarding application, amount of allowance (based on contracted benefits and law) and eligibility. See the Disability and Industrial Disability Retirement sections for that information.

### *What information is needed to make a determination of my IDR application?*

Upon receipt of your completed application for industrial disability retirement (PERS-BAS-369D), CalPERS will notify your employer. Your employer must determine if you are substantially disabled and if your disability is "industrial."

### *How long will it take for me to receive a determination on my IDR application?*

Your employer must make the determination within six months after being notified by CalPERS that you have applied for industrial disability retirement. However, you can waive this time limit.

### *What if my application is denied?*

If it is determined that you are not disabled, you may appeal this decision. You must appeal to the authority which made the initial determination (your employer).

If your disability application is denied you may return to work unless you were separated from employment for reasons other than your disability.

### *Can I work after I retire?*

If you return to work for a non-CalPERS covered employer there are no restrictions.

You may not be employed by any State agency or contracting public agency covered under CalPERS without reinstating from disability retirement unless exception is provided under the Retirement Law. Contact CalPERS, Benefit Services Division at (916) 326-3848 or 1-800-352-2238 for information on exceptions.

### *What if I recover from my disabling condition?*

If you recover from your disability and want to return to employment covered by CalPERS, you must first apply for reinstatement with your former employer. If your reinstatement is approved, your allowance will stop and you will return to membership.

Your employer also has the authority to periodically re-investigate whether you have recovered from your disability until you reach age 50.



## **Service Retirement Pending Disability Retirement (DR/IDR)**

You have the option of applying for service retirement pending disability or industrial disability retirement. This allows you to receive a monthly service retirement allowance while awaiting the determination regarding your disability application.

To apply for service retirement pending disability retirement you must qualify for service retirement (same eligibility for disability retirement regarding service credit but you must be 50 years or older or, if you are covered by the State Second Tier or the 1.5% @ 65 formula, 55 years or older).

**If you begin receiving a service retirement allowance pending disability retirement and your disability retirement is denied, you may lose your return to work rights (contact your employer).**

Disability retirement is usually more beneficial than service retirement. If you have obtained 60 years of age (65 years of age for State Second Tier or the 1.5% @ 65 formula) the same allowance would be payable under either service or disability retirement.

As with disability retirement, industrial disability retirement is usually more beneficial than service retirement. Your decision may be based on allowance comparisons, taxes or other considerations.

If you are approved for disability or industrial disability but find that a service retirement is more advantageous, you may request that your retirement be changed to a service retirement.

However, this request must be made prior to the effective date of your disability retirement or within 30 days after the date of the letter approving your disability application.

To apply for service retirement check the Service pending Disability Retirement or Service pending Industrial Disability Retirement box on the Application for Disability Retirement (PERS-BAS-369D). If you wish to apply for service retirement only, you will need to submit an Application for Service Retirement (PERS-BAS-369) or send a letter to CalPERS requesting service retirement.

## **Emergency Disability Retirement (DR/IDR)**

CalPERS will expedite retirement processing for those who are facing imminent death and who wish to provide a monthly allowance to a beneficiary at their death. Contact CalPERS or your employer immediately if there is a need for an emergency retirement.

In emergency situations, CalPERS makes every effort to quickly obtain the necessary information and complete all processing. However, for post-retirement death benefits to be payable, you must be living on the effective date of your retirement.

## **Power of Attorney**

A Power of Attorney allows your attorney-in-fact to conduct your retirement affairs should you become too ill or mentally incapacitated to act in your own behalf.

CalPERS publishes a Durable Special Power of Attorney for use by CalPERS members and beneficiaries. This Durable Special Power of Attorney enables the member or beneficiary to appoint another individual to deal with CalPERS on his/her behalf. This appointed individual may select a retirement option and/or a beneficiary on behalf of the member, change the mailing address, sign tax withholding forms, and conduct other retirement business on behalf of

the person making the appointment. Because of the broad power granted by the Durable Special Power of Attorney, CalPERS recommends that you consult an attorney prior to signing this document.

Should you become mentally incompetent after you sign the CalPERS Durable Special Power of Attorney, a conservator of the estate may not be required for CalPERS purposes. Normally, if a member or beneficiary becomes incompetent, a conservator of the estate will be required by CalPERS.

Please note that for many purposes, CalPERS will not accept powers of attorney which are not on the CalPERS form. Even if you have already signed a Power of Attorney document, you should obtain and sign the power of attorney form provided by CalPERS. The laws regarding power of attorney change from time to time, making it important to have a current Power of Attorney form on file with CalPERS. These forms can be obtained from CalPERS.

For more information regarding the Power of Attorney please refer to our brochure, *The Power of Attorney* (PERS-PUB-30) available from any CalPERS Area or Field Office.

**Do not delay initiating the processing of your application for disability retirement or industrial disability retirement for the purpose of completing a CalPERS' Special Power of Attorney.**

### **Cancelling An Application (DR/IDR)**

#### ***Can I cancel my application?***

Your disability (DR/IDR) retirement application can be cancelled any time **before** your application is approved. Once it is determined that you are disabled, medical evidence stating you can return to full unrestricted duties must be submitted before a cancellation can be considered.

If your disability (DR/IDR) retirement benefits are denied, and you do not appeal this decision, the application is automatically cancelled. If the denial is appealed, you can cancel the application anytime during the appeal process.

#### ***What if the application was filed by my employer?***

If the application was submitted on your behalf by your employer, you **cannot** cancel the application unless you choose to refund your contributions. This would end your membership with CalPERS. However, your employer may cancel the application at any time before it is approved.

Both you and your employer have the right to appeal CalPERS' disability determination.

#### ***Can anyone else cancel my application?***

CalPERS may cancel your application if you fail to provide the information needed to make a determination on your disability (DR/IDR) retirement application. However, CalPERS will make numerous attempts to obtain the necessary information before cancelling your application.

CalPERS will also cancel your application if you do not meet the eligibility requirements for disability or industrial disability retirement (see Disability and Industrial Disability Retirement sections).

#### ***How do I cancel my application?***

Your request to cancel your disability (DR/IDR) retirement application **must be** submitted in writing to our Headquarters in Sacramento. Remember to include your social security number for identification and processing.

#### ***How do I reapply once I have cancelled an application?***

Once an application has been cancelled it is necessary to complete and submit a new application (PERS-BAS-369D).

## **Independent Medical Exams (IMEs)**

### *What is an Independent Medical Examination? Is it necessary?*

CalPERS may need to arrange for you to attend an Independent Medical Examination (IME) in order to make a disability determination. During this IME an independent doctor will evaluate your disability.

For the majority of disability retirement applications an IME is not necessary if your current treating doctor completes the medical report form (PERS-BAS-1372-1 & 2). Similarly, for the majority of industrial disability retirement applications an IME is not necessary if the medical information obtained from your Workers' Compensation carrier is current and does not contain conflicting opinions.

### *How will I know when an IME is necessary?*

If an IME is needed, CalPERS will notify you by certified letter of the date, time and location of your IME appointment. If you are unable to keep this appointment or you need to change it, it is **very important** that you notify CalPERS immediately.

### *How is an IME doctor chosen?*

Over the years CalPERS has developed a list of doctors from all over California who perform independent medical exams. CalPERS requires these doctors to maintain a regular practice as well as providing IMEs.

A specific doctor is chosen for you based on your location and the doctor's specialty. You are also given the choice of two alternate doctors who are selected according to the same criteria. If you want to select an alternate doctor contact CalPERS and indicate which of the alternate doctors you prefer. A new exam will then be arranged. Every effort is made to schedule the IME with a doctor that has not previously examined you.

All fees resulting from the IME will be paid for by CalPERS. By law, travel expenses are not reimbursable unless you travel a distance of more than 50 miles one way. If you are traveling from out of state, travel expenses are paid from the California border to the appointment location only.

## **Injury Caused By A Third Party (Subrogation)**

Under the law, if a person other than your employer caused an injury that results in certain CalPERS benefits being paid, CalPERS has the right to recover from the responsible person up to one-half of the total retirement benefit costs paid to you due to this injury. This right is known as a "right of subrogation" (Government Code section 20250 et. seq.).

If you pursue a claim against any person for the same injuries that also entitle you to a disability retirement from CalPERS (other than a Workers' Compensation claim or an uninsured motorist claim), **you must inform CalPERS of the existence of this claim.** This is true even if the claim has not yet resulted in a court action. CalPERS has the right to participate in any such claim either through filing its own action against the responsible party, intervening in your claim, or filing a lien against any judgment which you may recover. **If you settle such a claim without notifying CalPERS, CalPERS may also be entitled to file a lawsuit against you for recovery of CalPERS' subrogation rights.**



## **Refund Of Contributions Versus Retirement**

If at any time prior to the mailing of your first warrant you wish to receive a refund of your accumulated employee contributions in a lump sum in lieu of a retirement allowance, you may do so by sending written notification to CalPERS.

**Membership in CalPERS terminates when your employee contributions are refunded to you. This makes you ineligible for any future CalPERS retirement benefits unless you return to employment covered by CalPERS** (Government Code section 20340).

## **Types Of Membership**

All CalPERS members that meet the vesting requirements described in the Disability Retirement section of this booklet are eligible to apply for disability retirement. Members eligible to apply for industrial disability retirement must be employed in one of the classifications indicated below.

### **State Miscellaneous Members**

State miscellaneous members are those employed by the state and universities who are **not** involved in law enforcement, fire

suppression, or the protection of public safety, or in a position designated by law as industrial, patrol, peace officer/ firefighter, or safety. **Only** specific miscellaneous members of the Department of Justice and California Highway Patrol may be eligible for industrial disability retirement.

Miscellaneous members who are disabled as a result of a direct violent attack by a patient or client of a state forensic facility may also be eligible for industrial disability retirement.

### **State Industrial Members**

State industrial members include employees of the Department of Corrections, or the Department of Youth Authority, other than those who are state safety or peace officer/firefighter members. Also included are those persons employed by the Board of Prison Terms, the Youthful Offender Parole Board, the Division of Adult Paroles, and the Board of Trustees of the California Institution for Women who hold positions designated by law as qualifying for the state industrial category. Members in this classification are **only** eligible for industrial disability retirement if the disability was the result of a direct violent attack by an inmate or a parolee.

### **Local Miscellaneous Members**

Local miscellaneous members are those employed by a public agency or special district that has contracted with CalPERS who are **not** involved in law enforcement, fire suppression, or the protection of public safety, or in a position designated by law as safety. Members in this classification are **only** eligible for industrial disability retirement if their employer has contracted to provide this benefit.

### **School Members**

School members are those employees in classified positions within the jurisdiction of a school employer. This does **not** include those employees who are local police, covered under the State Teachers' Retirement System, or working directly for the Los Angeles or San Diego County Superintendent of Schools. School members are **not** eligible for industrial disability retirement.

### **State Safety Members**

State safety members are those who are employed by the state and are involved in law enforcement, fire suppression, the protection of public safety, or in a position designated by law as a state safety member. Members are eligible for industrial disability retirement if their disability is work related.

## types of membership

continued...

### **State Peace Officer/Firefighter (POF) Members**

State peace officer/firefighter (POF) members are those who are involved in law enforcement, firefighting/fire suppression, public safety, protective services, or the management and supervision thereof, whose positions are defined as state POF member positions by the California Public Employees' Retirement Law and/or by the Department of Personnel Administration. Members are eligible for industrial disability retirement if their disability is work related.

### **State Patrol Members**

State patrol members are those who are employed by the California Highway Patrol whose principal duties consist of active law enforcement service. Members are eligible for industrial disability retirement if their disability is work related.

### **Local Safety Members**

Local safety members are those employed by a public agency or special district that has contracted with CalPERS and who are involved in law enforcement, fire suppression, the protection of public safety, or in a position designated by law as a safety

member. Members are eligible for industrial disability retirement if their disability is work related.

### **School Safety Members**

School safety members include any officer or employee of a school district or community college district which has established a police department and whose principal duties consist of law enforcement. Members are eligible for industrial disability retirement if their disability is work related.

## **Applying For Disability Retirement (DR/IDR)**

Based on the information in the front of this booklet, you have successfully determined the type of retirement you are requesting. *Please read these instructions carefully and be sure you have completed all of the necessary information as accurately as possible.*

For the quickest processing, mail your application directly to CalPERS at the address shown in the top left corner of the application (PERS-BAS-369D). If you prefer, your application can be sent to CalPERS by your employer. It can also be delivered to one of CalPERS Area or Field Offices for transmittal to the Headquarters in Sacramento.

**Note:** To avoid unnecessary delays in the processing of your

application it is *very important* that your **name** and **social security number** be included on **every** form sent to CalPERS, your employer or doctor.

## **Completing Your Application (DR/IDR)**

CalPERS **must** receive your completed application for disability retirement or industrial disability retirement. To initiate the processing of your application, the following forms need to be completed and submitted to CalPERS, your doctor or employer as indicated below.

### **Disability Retirement Forms**

If you are applying for **disability retirement (DR)** you will need to pull the following forms from the back of this booklet before proceeding with these instructions.\*

- ☐ **PERS-BAS-369D**  
Application for Disability Retirement
- ☐ **PERS-BAS-35** (two copies)  
Authorization to Release Information
- ☐ **PERS-BAS-54**  
Survivor Continuance Questionnaire
- ☐ **PERS-BAS-1372-1 & 2**  
Medical Report
- ☐ **PERS-BAS-64**  
Request for Employee Information

## **Industrial Disability Retirement Forms**

If you are applying for **industrial disability retirement** you will need to pull the following forms from the back of this booklet before proceeding with these instructions.\*

- ☐ **PERS-BAS-369D**  
Application for Disability Retirement
- ☐ **PERS-BAS-35** (two copies)  
Authorization to Release Information
- ☐ **PERS-BAS-54**  
Survivor Continuance Questionnaire
- ☐ **PERS-BAS-64**  
Request for Employee Information

**Note:** The PERS-BAS-1372-1 & 2 is not used for industrial disability retirement.

**Note:** If you are a state member in a bargaining unit which has agreed to the NextSTEP program, you should apply for industrial disability retirement on a NextSTEP application to the Department of Personnel Administration (see your employer for assistance).

\* FOR LOCAL SAFETY MEMBERS  
**Complete only** PERS-BAS-369D, Application for Disability Retirement, and PERS-BAS-54, Survivor Continuance Questionnaire.

## **Instructions**

1. Complete the PERS-BAS-369D and mail the form directly to CalPERS at the address shown in the top left corner of the application. Be sure to **type or print legibly** and provide all of the requested information. See special instructions for specific boxes as follows:

Box 6. Retirement Effective Date OR Expiration of Benefits.

If you are receiving benefits and are not sure when they will expire, write or type "Expiration of Benefits" or leave it blank and CalPERS will determine your retirement date.

Box 9. Last Day on Pay Status.

This could be the last day you received payment from your employer, the day before you began Non-Industrial Disability Insurance leave (NDI), or the last day you were paid Industrial Disability leave (IDL) through your Workers' Compensation carrier. If you are unsure of what to enter in this box it can be left blank.

Box 15. Name of Reciprocal System.

If you are a member of another retirement system,

other than Social Security or military, please indicate this on the application. A list of the Reciprocal Retirement Systems who have established reciprocity with CalPERS follows:

Alameda County  
Contra Costa County  
Fresno County  
Imperial County  
Kern County  
Los Angeles County  
Marin County  
Mendocino County  
Merced County  
Orange County  
Sacramento County  
San Bernardino County  
San Diego County  
San Joaquin County  
San Mateo County  
Santa Barbara County  
Sonoma County  
Stanislaus County  
Tulare County  
Ventura County  
City of Concord  
City of Costa Mesa  
(safety employees only)  
City of Oakland  
(miscellaneous employees only)  
City of Sacramento  
City of San Clemente  
(miscellaneous employees only)  
City of San Diego  
City and County of San Francisco  
City of San Jose  
Contra Costa Water District

**completing your application** *continued...*

County of San Luis Obispo  
East Bay Municipal Utility  
District

East Bay Regional Park District  
(Sworn Safety)

Southern California Rapid  
Transit District

Upon receipt of your application CalPERS will notify the Reciprocal Retirement System indicated request information regarding their decision on your disability application under their system.

**NOTE:** If you are a local safety member you do not need to complete boxes 14, 16 or 18 on the application as your employer makes the determination on your industrial disability retirement application. Mail the PERS-BAS-369D form to CalPERS.

2. Complete two PERS-BAS-35 forms. Include your name and social security number at the top for identification. Provide your name, address, phone number and the current date. Be sure to sign your name in **both** signature locations.

3. Complete the PERS-BAS-54 form. Include your name and social security number at the

top for identification. Provide the requested survivor information. Be sure to include your signature, the date and telephone numbers.

4. For **disability retirement only** mail one PERS-BAS-369D, one PERS-BAS-35 and one PERS-BAS-54 form to CalPERS.

5. For **industrial disability retirement only** mail one PERS-BAS-369D, one PERS-BAS-54, and two copies of PERS-BAS-35 form to CalPERS.

6. For **disability retirement (DR) only** complete the top portion of the PERS-BAS-1372-1 & 2, medical report form. Provide your social security number, your full name, birthdate and position title.

7. For **disability retirement (DR) only** take one PERS-BAS-1372-1 & 2 to your treating physician for completion.

*Your doctor should complete and mail this document directly to CalPERS.*

8. Complete the PERS-BAS-64 form and **forward the document to your employer.** This document asks your employer to send a copy of your job description and accident reports to CalPERS. CalPERS must have a copy of your job description in order

to make a determination on whether or not you are disabled. Be sure to include your social security number, name, the date your application was mailed, your employer's name, your job title and the current date.

The following recordsheets for disability retirement (DR) and industrial disability retirement (IDR) have been provided for your convenience to record the dates the above documents were completed and mailed or delivered.

## Disability Application Recordsheet

Sent To	Form Number	Date Mailed/Delivered
CalPERS:	PERS-BAS-369D (Application) .....	/ /
	PERS-BAS-35 (1 Copy) .....	/ /
	PERS-BAS-54 .....	/ /
Your Doctor:	PERS-BAS-1372-1 & 2 .....	/ /
	PERS-BAS-35 (1 Copy) .....	/ /
Your Employer:	PERS-BAS-64 .....	/ /

## Industrial Disability Application Recordsheet

Sent To	Form Number	Date Mailed/Delivered
CalPERS:	PERS-BAS-369D (Application) .....	/ /
	PERS-BAS-35 (2 Copies) .....	/ /
	PERS-BAS-54 .....	/ /
Your Employer:	PERS-BAS-64 .....	/ /

### Information Practices Statement

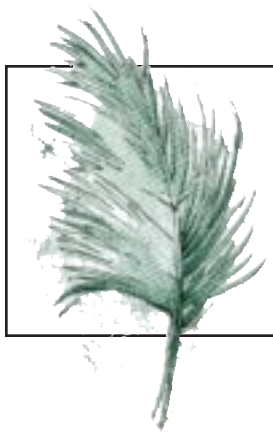
The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act. Submission of the requested information is mandatory. If you

fail to supply the information, CalPERS may not be able to determine your status. Portions of this information may be transferred to state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the

aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by CalPERS. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 P Street, P.O. Box 942702, Sacramento, CA 94229-2702.





**Disability  
Retirement  
Application  
Forms**

*Disability Retirement  
Industrial Disability Retirement*









APPLICATION FOR DISABILITY RETIREMENT

Benefit Services Division

P.O. Box 2796

Sacramento, CA 95812-2796

TDD- (916) 326-3240

INFORMATION: This application can be used by a member or an employer to apply for a member's disability retirement and MUST be completed/mailed directly to Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796; FAX (916) 326-3234; TDD (916) 326-3240. If a member qualifies for Service Retirement, he/she may also request Service Pending Disability Retirement or Service Pending Industrial Disability Retirement. CalPERS will determine whether you are incapacitated for the performance of your duties. Your retirement date cannot be earlier than the first of the month in which your application is received by CalPERS. IMPORTANT: Local Safety members should not complete items 14, 16 and 18 on this form.

PLEASE TYPE OR PRINT.

1. I hereby make application for		<input type="checkbox"/> Disability Retirement	<input type="checkbox"/> Industrial Disability Retirement	<input type="checkbox"/> Service Pending Disability Retirement	<input type="checkbox"/> Service Pending Industrial Disability Retirement	FOR CalPERS USE ONLY		<input type="checkbox"/> 2. Employer Application
3. Social Security Number		4. Name		5. Birth Date		6. Retirement Effective Date OR Expiration of Benefits		
				/ /		/ /		
7. Mailing Address (Street, Avenue, Road, P.O. Box, etc.)				City		State		ZIP
7a. Residence Address				City		State		ZIP
8. Telephone Number Home ( ) - ( ) -		9. Last Day on Pay Status / /		10. Employer		11. Position Title (Do Not Abbreviate)		
Please calculate my options with the following beneficiary information (Note: This is NOT a beneficiary designation):								
12. Name of Beneficiary		Beneficiary Birth Date		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship		
		/ /						
Survivor Information								
13. Are you married?		<input type="checkbox"/> Yes (Date of Marriage / / )		<input checked="" type="checkbox"/> No		Do you have children under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have filed a Workers' Compensation claim, please provide the following information:								
14. Workers' Compensation Carrier		Name of Adjuster		Telephone Number ( ) -		Claim Number(s)		Date of Injury(s) / /
Address		City		State		ZIP		/ /
If you are a member of another retirement system, other than Social Security or military, please complete the following:								
15. Name of Reciprocal System		Dates of Service Credited		/ / - / /		Date of Retirement / /		

Please Be Sure To Complete Both Sides Of This Application

16 a. What is your specific disability; when and how did it occur?

b. What are your limitations/preclusions due to your injury or disability?

c. How has your injury or disability affected your ability to perform your job.

d. Are you currently working in any capacity (full-time, part-time, modified work)?  
If yes, please explain.

e. Other information you would like to provide.

If additional space is needed, please include on a separate sheet

17. Was your injury caused by a third party? (Subrogation) ☐ Yes ☐ No

Name of Treating Physician	Address of Treating Physician (Address, City, State & ZIP)	Medical Record Number
----------------------------	--	-----------------------

19. FINAL COMPENSATION TO BE USED: "Final Compensation" is the highest compensation earnable by you during one year or three consecutive year period of employment, whichever your agency has contracted for, immediately preceding the effective date of your retirement, or the date of your last separation from employment, if earlier, or during any other one or three year period specified by you on this application. Unless a different period is specified by you, your final compensation will be calculated based upon the one year or three year consecutive year period immediately preceding your retirement or separation.

Other period to be used: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

20. I HEREBY CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that this information submitted herein is true and correct according to the best of my knowledge. I UNDERSTAND THAT TO CANCEL THIS APPLICATION I MUST SUBMIT WRITTEN NOTICE TO THE SYSTEM PRIOR TO THE MAILING OF MY FIRST RETIREMENT ALLOWANCE. I further understand that the beneficiary named above is not an official designation of beneficiary. This will be done on the election of optional settlement and beneficiary designation form (BAS-898) which will be provided at a later date.

IF THE MEMBER IS SUBMITTING THIS APPLICATION: (Include a completed Authorization To Release Information form, PERS-BAS-35)	Member's Signature		Date Signed ____ / ____ / ____
	Printed Name of Authorized Signature for Agency		
IF THE EMPLOYER IS SUBMITTING THIS APPLICATION, THE AGENCY MUST COMPLETE THE FOLLOWING:	Employer's Signature		Date Signed ____ / ____ / ____
	Telephone Number ( ____ ) ____ - ____		

**Benefit Application Services Division**

P.O. Box 2796

Sacramento, CA 95812-2796

TDD - (916) 326-3240

(916) 326-3232; FAX (916) 326-3934

Reply To: Section 432

Refer To: \_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Name (please print)**Authorization To Release Information**

You are hereby authorized to furnish the California Public Employees' Retirement System or its representative any and all information, including photocopies of records, in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability.

The purpose of this authorization is to assist the California Public Employees' Retirement System in determining my right to retirement or reinstatement under the California Public Employees' Retirement Law pursuant to Government Code section 20128, and no other purpose.

This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original. I know that I may request to receive a copy of this authorization.

Date	Signature		
	Address		
	City	State	Zip
	( )		
	Home Telephone Number		

This release applies equally to personnel and other employment related records on file with any of my present or former employers, which reflect my job duties, work performance, and other work related issues, including but not limited to, attendance and sick leave records, and records of administrative and judicial action arising out of or related to my past or present employment.

Date	Signature
------	-----------

PLEASE REMEMBER TO SIGN **BOTH** SIGNATURE LINES

PERS-BAS-35 (Rev 12/96)



**Benefit Application Services Division**

P.O. Box 2796

Sacramento, CA 95812-2796

TDD - (916) 326-3240

(916) 326-3232; FAX (916) 326-3934

Reply To: Section 432

Refer To: \_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Name (please print)**Authorization To Release Information**

You are hereby authorized to furnish the California Public Employees' Retirement System or its representative any and all information, including photocopies of records, in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability.

The purpose of this authorization is to assist the California Public Employees' Retirement System in determining my right to retirement or reinstatement under the California Public Employees' Retirement Law pursuant to Government Code section 20128, and no other purpose.

This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original. I know that I may request to receive a copy of this authorization.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Home Telephone Number

This release applies equally to personnel and other employment related records on file with any of my present or former employers, which reflect my job duties, work performance, and other work related issues, including but not limited to, attendance and sick leave records, and records of administrative and judicial action arising out of or related to my past or present employment.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature

PLEASE REMEMBER TO SIGN **BOTH** SIGNATURE LINES

PERS-BAS-35 (Rev 12/96)



**Benefit Application Services Division**

P.O. Box 2796

Sacramento, CA 95812-2796

TDD - (916) 326-3240

(916) 326-3232; FAX (916) 326-3934

Reply To: Section 432

Member's Name

Social Security Number

**Survivor Continuance Questionnaire**

The following information is necessary to ensure that all survivor benefits payable are made to your eligible beneficiaries upon your death. Payments will be made in accordance with the California Public Employees' Retirement Law. Please answer all four questions and complete the required information for each section that is answered "yes".

**1. Are you currently married?** ☐ Yes ☐ No

Spouse's Full Name	Social Security Number	Birthdate	Date of Marriage
		/ /	/ /

**2. Do you have any unmarried children under 18?** ☐ Yes ☐ No

Child's Full Name	Social Security Number	Birthdate
		/ /
		/ /
		/ /

**3. Do you have any unmarried children who were disabled prior to their 18th birthday and who have remained disabled until the present time?** ☐ Yes ☐ No

Child's Full Name	Social Security Number	Birthdate
		/ /
		/ /
		/ /

**4. Are your parents dependent upon you for at least one-half of their support?** ☐ Yes ☐ No

Parent's Full Name	Social Security Number	Birthdate
		/ /
		/ /

**I certify that the information provided in this form is correct**

---

Signature

---

Date

---

( )  
Home Phone Number

---

( )  
Business Phone Number





**MEDICAL REPORT**

PERS-BAS-1372-1 (12/96)

CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

P.O. BOX 2796

SACRAMENTO, CA 95812-2796

TELEPHONE: (916) 326-3232; TDD ONLY (916) 326-3240

Member SSA Number: \_\_\_\_\_

**NOTICE TO PHYSICIAN:**

The following information is needed for use in connection with the patient's application for disability retirement allowance under the California Public Employees' Retirement Law. Please provide your full reply, in order to completely describe the nature and severity of impairment.

Name	Date of Birth	Occupation
(For Kaiser Patients: Medical Record Number )		

**1. PHYSICAL MEASUREMENT**

Give applicant's height &amp; weight last visit      Height \_\_\_\_\_ Weight \_\_\_\_\_

**2. HISTORY**

- (a) Date of first visit ..... (a) \_\_\_\_\_  
(b) Date of last visit ..... (b) \_\_\_\_\_  
(c) When did present illness or injury occur? ..... (c) \_\_\_\_\_  
(d) Date applicant became unable to work ..... (d) \_\_\_\_\_  
(e) Was member injured on job? ..... (e) \_\_\_\_\_ If yes, how did injury occur?  
(f) Was member injured other than on job? ..... (f) \_\_\_\_\_ If yes, how did injury occur?

REMARKS:

**3. PRESENT CONDITION**

- (a) Subjective symptoms \_\_\_\_\_  
(b) Objective findings \_\_\_\_\_

Give report of X-rays, EKGs, laboratory or diagnostic test, with dates. Use separate sheet if necessary.

**4. DIAGNOSIS (Please print or type)****5. INCAPACITY**

- (a) Describe **Specific restrictions**, if any, on patient's activity ..... (a) \_\_\_\_\_  
(b) **Is patient presently incapacitated from performance of usual duties?** ..... (b) \_\_\_\_\_  
(c) **Will incapacity be permanent?** ..... (c) \_\_\_\_\_  
(d) **If not, give probable duration** ..... (d) 3 mos. \_\_\_\_\_ 6 mos. \_\_\_\_\_ 1 yr. \_\_\_\_\_ 2 yr. \_\_\_\_\_  
(e) Is patient mentally able to handle his/her own financial affairs and enter into legally binding contracts? ..... (e) \_\_\_\_\_  
(f) Is patient competent to endorse checks with the realization of the nature and consequence of the act? ..... (f) \_\_\_\_\_



If disability is due to **Cardiac, Pulmonary, Orthopedic, Neurological, or Visual** conditions, please amplify below with latest finding and dates.

---

**CARDIAC**

- (a) Precise diagnosis including functional and therapeutic classification, American Heart Association ..... (a)  
(b) Blood pressure ..... (b)

---

**PULMONARY**

- (a) Acute attacks ..... (a)  
Frequency, duration, and severity  
(b) Emphysema ..... (b)

---

**ORTHOPEDIC**

- (a) Physical Findings.-Give specific findings for all joints involved; describe deformities, tissue and bone destruction, range of motion ..... (a)  
(b) X-ray report ..... (b)

---

**NEUROLOGICAL**

(Additional Narrative Report is Desirable)

Describe any of the following conditions that are present, indicating severity, distributions, and residual function in affected parts .....

Atrophy                      Hemiplegia                      Tremors  
Paralysis                      Impaired speech                      Gait  
Mental disturbances

---

**VISUAL**

Visual Acuity after best corrections.....      Right\_\_\_\_\_ Left \_\_\_\_\_  
Visual fields (attach chart if available) .....

---

**6. REMARKS**

- 
- 7. NOTE:** The completed report should be mailed directly to the California Public Employees' Retirement System. DO NOT give to patient for transmittal to the System.

Does CalPERS have your permission to release a photocopy of this report to this patient, upon his/her written request? ..... yes — no —

---

Please print or type name of physician or organization

Signature and Title

---

Address

City

State

Zip

---

Telephone Number

Date





**Benefit Services Division**

P.O. Box 2796

Sacramento, CA 95812-2796

TDD - (916) 326-3240

(916) 326-3232; FAX (916) 326-3934

**FORWARD TO YOUR EMPLOYER**

Reply To: Section 432

Refer To: \_\_\_\_\_  
Social Security Number

Date Application Sent To CalPERS: \_\_\_\_\_

Date: \_\_\_\_\_  
(This Letter Is Being Sent To Employer)

\_\_\_\_\_  
(Name Of Employer/Agency)

**Request For Employee Information**

Attn. Personnel Officer::

RE: \_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Applicant's Job Title)

I have submitted an application for disability retirement with the California Public Employees' Retirement System (CalPERS). I am submitting this letter to you (my employer) on behalf of CalPERS. CalPERS is seeking information to substantiate my disability.

As soon as possible, please send CalPERS all available job descriptions for the positions I held. CalPERS would appreciate receiving the most detailed information you have. This includes, for example: duty statements; job analyses; position descriptions; POST orders; and physical demand studies. These documents must be identified with my name and social security account number. Please include a copy of all accident reports, medical reports and personnel actions, filed within the past five years. If you have additional comments, please submit.

When CalPERS' determination of disability is completed, they will inform you. When you are notified of their determination, you will have the right to appeal the approval/denial of the application for disability retirement for the medical condition stated, in accordance with Section 555.3, Title II, California Code of Regulations, by filing a written request with the System within 30 days of the mailing of the determination letter. An appeal if filed should set for the factual basis and legal authorities for such appeal.

Under the law, if a person (other than my employer) caused an injury that results in certain CalPERS benefits being paid, then CalPERS has the right to recover from the responsible person up to one-half of the total retirement benefit costs payable due to this injury. This right is known as a "right of subrogation" (Government Code, section 20250 et seq.).

Please advice CalPERS if you are aware of any claim (other than a Workers' Compensation claim) against any person or entity for the same injuries that also entitle me to a disability retirement from CalPERS.



*California Public Employees'  
Retirement System*

*400 P Street*

*Sacramento • CA 95814*

*[www.calpers.ca.gov](http://www.calpers.ca.gov)*

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*January 1998*

*PERS-PUB-35*